

Fill in this information to identify the case:Debtor name **P3 FOODS, L.L.C.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**Case number (if known) **16-32021**
☒ Check if this is an amended filing
Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?
☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.
Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Element Financial Corp Creditor's Name PO BOX 71425 Chicago, IL 60694-1425 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien interior leasehold improvements and equipment in 8 stores Describe the lien UCC Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$689,965.62 Unknown

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$689,965.62**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

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Best Case Bankruptcy

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3.1	Nonpriority creditor's name and mailing address 20 20 Franchise National Franchise Associates LLC 400 E 22nd St Suite A Lombard, IL 60148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>remodeling charges</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,910.79
3.2	Nonpriority creditor's name and mailing address AA Equipment Nick Larsen 2212 Minnehaha Ave Minneapolis, MN 55404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>equipment parts supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$668.85
3.3	Nonpriority creditor's name and mailing address Advocate Financial Group 940 E Diehl Rd Naperville, IL 60563 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
3.4	Nonpriority creditor's name and mailing address Alpine Diversified Services Abby Corr 4857 University Ave NE Minneapolis, MN 55421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>repair service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,459.93
3.5	Nonpriority creditor's name and mailing address American Express Fin Mem Mail Hub ATN Mercht Fnancng MailCode 2402-18 2401 W Behrend Dr Suite 55 Phoenix, AZ 85027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>working capital</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,497.28
3.6	Nonpriority creditor's name and mailing address Arcade Electric Co Karen McConnell 1550 91st Ave NE Suite 201 Minneapolis, MN 55449 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>electrician services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$485.24
3.7	Nonpriority creditor's name and mailing address Archway Kari Lenneman 26049 Network Place Chicago, IL 60673-1260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>repair service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.18

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3.8	Nonpriority creditor's name and mailing address B&C Services LLC Carol Bennes 10 17th Ave SE Saint Joseph, MN 56374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>repair service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.29
3.9	Nonpriority creditor's name and mailing address Bertram Electric 22528 182nd Ave Saint Cloud, MN 56302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>repair service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.25
3.10	Nonpriority creditor's name and mailing address Brainerd Enterprises Dave Jenkins 2820 15th Ave SW Rochester, MN 55902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>rent property taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,833.00
3.11	Nonpriority creditor's name and mailing address Brainerd Public Utilities 8027 Highland Senic Rd PO BOX 373 Brainerd, MN 56401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.12	Nonpriority creditor's name and mailing address Burger King Corp 5505 Blue Lagoon Drive Miami, FL 33126-2029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>rent, property tax, royalties, advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$771,452.94
3.13	Nonpriority creditor's name and mailing address Century Link PO BOX 91154 Seattle, WA 98111-9254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.00
3.14	Nonpriority creditor's name and mailing address City of Eden Prairie 8080 Mitchell Rd Eden Prairie, MN 55344 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>water</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00

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3.15 Nonpriority creditor's name and mailing address

**City of Minneapolis
Health Dept-Environmental Health Dv
250 S Fourth St Room 414
Minneapolis, MN 55415**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$475.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: annual licenseIs the claim subject to offset? ☒ No ☐ Yes

3.16 Nonpriority creditor's name and mailing address

**City of Minneapolis - Utilities
250 S 4th St Rm 200
Minneapolis, MN 55415**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$500.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: utilitiesIs the claim subject to offset? ☒ No ☐ Yes

3.17 Nonpriority creditor's name and mailing address

**City of Plymouth - Utilities
Finance Dept
3400 Plymouth Blvd
Minneapolis, MN 55447**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$200.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: utilitiesIs the claim subject to offset? ☒ No ☐ Yes

3.18 Nonpriority creditor's name and mailing address

**City of St Cloud - Utilities
PO BOX 1501
Saint Cloud, MN 56302-1501**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$200.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: utilitiesIs the claim subject to offset? ☒ No ☐ Yes

3.19 Nonpriority creditor's name and mailing address

**City of West St Paul
1616 Humboldt Ave
Saint Paul, MN 55118**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$200.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: utilitiesIs the claim subject to offset? ☒ No ☐ Yes

3.20 Nonpriority creditor's name and mailing address

**Comcast
PO BOX 34227
Seattle, WA 98124-1227**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$1,000.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: phoneIs the claim subject to offset? ☒ No ☐ Yes

3.21 Nonpriority creditor's name and mailing address

**Conover Packaging Inc
119 Despatch Dr
East Rochester, NY 14445**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$171.28**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: deposit bagsIs the claim subject to offset? ☒ No ☐ Yes

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3.22	Nonpriority creditor's name and mailing address Corporate Mechanical 5114 Hillsboro Ave Minneapolis, MN 55428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>repair service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248.00
3.23	Nonpriority creditor's name and mailing address CPENERGY MNGCO Centerpoint Energy PO BOX 4671 Houston, TX 77210-4671 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>gas</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,415.99
3.24	Nonpriority creditor's name and mailing address CST Corporation Geri Brasfield 1225 Carnegie Street Suite 106 Rolling Meadows, IL 60008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>repair service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.58
3.25	Nonpriority creditor's name and mailing address CTC PO BOX 767 Brainerd, MN 56401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet/phone service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.00
3.26	Nonpriority creditor's name and mailing address Direct TV PO BOX 60036 Los Angeles, CA 90060-0036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet/TV</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.00
3.27	Nonpriority creditor's name and mailing address DMI Manufacturing Inc Rose Mary 7177 Industrial Park Blvd Mentor, OH 44060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>repair service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$396.85
3.28	Nonpriority creditor's name and mailing address East Side Glass 305 Franklin Ave NE Saint Cloud, MN 56304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>glass company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211.41

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3.29	Nonpriority creditor's name and mailing address Ecolab 24673 Network Place Chicago, IL 60673-1246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>parts</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$398.18
3.30	Nonpriority creditor's name and mailing address Franke Resupply Systems Inc 8007 Innovation Way Chicago, IL 60682-0080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,911.27
3.31	Nonpriority creditor's name and mailing address Global Graphics and Design Inc 1625 W Candletree Dr Peoria, IL 61614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>design company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320.00
3.32	Nonpriority creditor's name and mailing address Haas Landscaping LLC 656 36th Ave NE Minneapolis, MN 55401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lawn care/snow plowing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,870.10
3.33	Nonpriority creditor's name and mailing address Hartford Insurance Property PO BOX 660916 Dallas, TX 75266-0916 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,000.00
3.34	Nonpriority creditor's name and mailing address Horizon Food Service Equipt LLC 1960 Seneca Road Saint Paul, MN 55122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>for services rendered on equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,596.27
3.35	Nonpriority creditor's name and mailing address ICEE 1205 Dupont Ave Ontario, CA 91761 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>rental machine</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$279.14

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3.36 Nonpriority creditor's name and mailing address

**J&K Restaurant Services
11950 185th Street West
Lakeville, MN 55044**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: repair serviceIs the claim subject to offset? ☒ No ☐ Yes**\$3,681.75**

3.37 Nonpriority creditor's name and mailing address

**JNK Restaurant Services
11950 185th Street West
Lakeville, MN 55044**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Equipment servicesIs the claim subject to offset? ☒ No ☐ Yes**\$5,700.00**

3.38 Nonpriority creditor's name and mailing address

**Just Contracting
Carrie Bergstrom
24215 Idalia Ave
Lakeville, MN 55044**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: repair serviceIs the claim subject to offset? ☒ No ☐ Yes**\$1,405.00**

3.39 Nonpriority creditor's name and mailing address

**LEAF
PO BOX 742647
Cincinnati, OH 45274-2647**Date(s) debt was incurred January 2016

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: equipment in storage locationIs the claim subject to offset? ☒ No ☐ Yes**\$43,220.00**

3.40 Nonpriority creditor's name and mailing address

**McKee Sign Service
PO BOX 9899
Saint Paul, MN 55109**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: repair lightingIs the claim subject to offset? ☒ No ☐ Yes**\$1,636.25**

3.41 Nonpriority creditor's name and mailing address

**Mike Scholtes Refrigeration Inc
4219 75th Ave SE
Saint Cloud, MN 56304**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: repair serviceIs the claim subject to offset? ☒ No ☐ Yes**\$817.79**

3.42 Nonpriority creditor's name and mailing address

**Moe's Lawn and Landscaping
8650 Country Rd 107
Nisswa, MN 56468**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: repair serviceIs the claim subject to offset? ☒ No ☐ Yes**\$1,256.32**

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3.43 Nonpriority creditor's name and mailing address

**NFA
2 MidAmerica Plz Suite 120
Villa Park, IL 60181**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$264,454.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **leasehold improvements and equipment store #9**Is the claim subject to offset? ☒ No ☐ Yes

3.44 Nonpriority creditor's name and mailing address

**NUCO2 INC
PO BOX 417902
Boston, MA 02241-7902**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$2,646.28**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **repair service**Is the claim subject to offset? ☒ No ☐ Yes

3.45 Nonpriority creditor's name and mailing address

**On Deck
1400 Broadway 25th Floor
New York, NY 10018**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$21,860.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **working capital**Is the claim subject to offset? ☒ No ☐ Yes

3.46 Nonpriority creditor's name and mailing address

**PABS
5000 Legacy Dr Suite 410
Plano, TX 75024**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$4,213.72**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **garbage pick up**Is the claim subject to offset? ☒ No ☐ Yes

3.47 Nonpriority creditor's name and mailing address

**Pan-O-Gold Baking Co
444 E Germain St
PO BOX 848
Saint Cloud, MN 56302-0848**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$70,260.80**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **food**Is the claim subject to offset? ☒ No ☐ Yes

3.48 Nonpriority creditor's name and mailing address

**Paradigm Tax Group
3200 N Central Ave Suite 300
Phoenix, AZ 85012**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$1,325.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **lawyer**Is the claim subject to offset? ☒ No ☐ Yes

3.49 Nonpriority creditor's name and mailing address

**Plunkett's Pest Control Inc
40 NE 52nd Way
Minneapolis, MN 55421**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$325.85**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **pest control company**Is the claim subject to offset? ☒ No ☐ Yes

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3.50	Nonpriority creditor's name and mailing address Protection One PO BOX 219044 Kansas City, MO 64121-9044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>security company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$268.27
3.51	Nonpriority creditor's name and mailing address Rathbun, Cservenyak & Kozol, LLC 3260 Executive Dr. Joliet, IL 60431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lawyer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,830.00
3.52	Nonpriority creditor's name and mailing address Redking Foods LLC 11775 Justen Circle Suite B Osseo, MN 55369 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
3.53	Nonpriority creditor's name and mailing address Reinhart Foodservice PO Box 58 Rogers, MN 55374-0058 Date(s) debt was incurred <u>60 days prepetition or less</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>product delivered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,000.00
3.54	Nonpriority creditor's name and mailing address RF Technologies 542 S Prairie Bethalto, IL 62010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>repair/parts company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,450.22
3.55	Nonpriority creditor's name and mailing address Roto-Rooter Services Diane Drummer 5672 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>repair company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,376.50
3.56	Nonpriority creditor's name and mailing address See Clear Window Cleaning 13411 Memorywood Dr Baxter, MN 56425 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>window cleaning</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$427.44

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Name

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3.57	Nonpriority creditor's name and mailing address Service Master PO BOX 2805 Baxter, MN 56425 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>repair service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,732.69
3.58	Nonpriority creditor's name and mailing address Shamrock Group 2900 5th Avenue South Minneapolis, MN 55408-5408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>beverage company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$449.50
3.59	Nonpriority creditor's name and mailing address Shoes for Crews Inc PO BOX 504634 Saint Louis, MO 63150-4634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>uniforms</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$489.22
3.60	Nonpriority creditor's name and mailing address Sicom Systems Inc 4434 Progress Meadow Dr Doylestown, PA 18902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>POS system</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,650.15
3.61	Nonpriority creditor's name and mailing address St Paul Regional Water Services Board of Water Commissioners 1900 Rice St Saint Paul, MN 55113-6810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>water</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.62	Nonpriority creditor's name and mailing address Supreme Lawn and Landscaping PO BOX 7271 Saint Cloud, MN 56302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lawn care</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$480.00
3.63	Nonpriority creditor's name and mailing address Swami Consulting 1509 Lakeland Blvd Mattoon, IL 61938 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>accountant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,400.00

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3.64	Nonpriority creditor's name and mailing address TSBL Distributing Chad Hadn 1475 Commerce Dr Suite 100 Saint Paul, MN 55120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>repair company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,963.13
3.65	Nonpriority creditor's name and mailing address Twin City Filter Service Inc 2529 25th Ave S Minneapolis, MN 55406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>repair company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,372.78
3.66	Nonpriority creditor's name and mailing address Xcel Energy PO BOX 9477 Minneapolis, MN 55484-9477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>electric</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,846.82

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	CenterPoint Energy 505 Nicollet Mall PO BOX 59038 Minneapolis, MN 55459-0038	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	City of Minneapolis - Utilities c/o 350 S 5th St Minneapolis, MN 55415	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	Minnesota Dept of Revenue 600 North Robert Street Saint Paul, MN 55146	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	Paul J. Battista, Esq. Genevese, Joblove & Battista 100 SE 2nd St., Ste 4400 Miami, FL 33131	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain ____	—
4.5	Samuel Wisotzkey Kohner Mann & Kailas, S.C. 4650 North Port Washington Rd. Milwaukee, WI 53212	Line <u>3.53</u> <input type="checkbox"/> Not listed. Explain ____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5a. \$ **462,836.70**

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5b. Total claims from Part 2

5b. + \$ 1,450,378.30

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c. \$ 1,913,215.00

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20 20 Franchise National Franchise Associates LLC 400 E 22nd St Suite A Lombard, IL 60148	Brainerd Enterprises 2820 15th Avenue SW Rochester, MN 55902	City of St Cloud Utilities PO BOX 1501 Saint Cloud, MN 56302-1501
AA Equipment Nick Larsen 2212 Minnehaha Ave Minneapolis, MN 55404	Brainerd Public Utilities 8027 Highland Senic Rd PO BOX 373 Brainerd, MN 56401	City of West St Paul 1616 Humboldt Ave Saint Paul, MN 55118
Advocate Financial Group 940 E Diehl Rd Naperville, IL 60563	Burger King Corp 5505 Blue Lagoon Drive Miami, FL 33126-2029	Comcast PO BOX 34227 Seattle, WA 98124-1227
Alpine Diversified Services Abby Corr 4857 University Ave NE Minneapolis, MN 55421	CenterPoint Energy 505 Nicollet Mall PO BOX 59038 Minneapolis, MN 55459-0038	Connover Packaging Inc 119 Despatch Dr East Rochester, NY 14445
American Express Fin Mem Mail Hub ATN Mercht Francng MailCode 2402-18 2401 W Behrend Dr Suite 55 Phoenix, AZ 85027	Century Link PO BOX 91154 Seattle, WA 98111-9254	Corporate Mechanical 5114 Hillsboro Ave Minneapolis, MN 55428
Arcade Electric Co Karen McConnell 1550 91st Ave NE Suite 201 Minneapolis, MN 55449	City of Eden Prairie 8080 Mitchell Rd Eden Prairie, MN 55344	CPENERGY MNGCO Centerpoint Energy PO BOX 4671 Houston, TX 77210-4671
Archway Kari Lenneman 26049 Network Place Chicago, IL 60673-1260	City of Minneapolis Health Dept-Environmental Health Dv 250 S Fourth St Room 414 Minneapolis, MN 55415	CST Corporation Geri Brasfield 1225 Carnegie Street Suite 106 Rolling Meadows, IL 60008
B&C Services LLC Carol Bennes 10 17th Ave SE Saint Joseph, MN 56374	City of Minneapolis - Utilities 250 S 4th St Rm 200` Minneapolis, MN 55415	CTC PO BOX 767 Brainerd, MN 56401
Bertram Electric 22528 182nd Ave Saint Cloud, MN 56302	City of Minneapolis - Utilities c/o 350 S 5th St Minneapolis, MN 55415	Curt Pedro 2100 Culver Court Plainfield, IL 60586
Brainerd Enterprises Dave Jenkins 2820 15th Ave SW Rochester, MN 55902	City of Plymouth - Utilities Finance Dept 3400 Plymouth Blvd Minneapolis, MN 55447	Direct TV PO BOX 60036 Los Angeles, CA 90060-0036

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East Side Glass 305 Franklin Ave NE Saint Cloud, MN 56304	J&K Restaurant Services 11950 185th Street West Lakeville, MN 55044	NUCO2 INC PO BOX 417902 Boston, MA 02241-7902	
Ecolab 24673 Network Place Chicago, IL 60673-1246	JNK Restaurant Services 11950 185th Street West Lakeville, MN 55044	On Deck 1400 Broadway 25th Floor New York, NY 10018	
Element Financial Corp PO BOX 71425 Chicago, IL 60694-1425	Just Contracting Carrie Bergstrom 24215 Idalia Ave Lakeville, MN 55044	PABS 5000 Legacy Dr Suite 410 Plano, TX 75024	
Franke Resupply Systems Inc 8007 Innovation Way Chicago, IL 60682-0080	LEAF PO BOX 742647 Cincinnati, OH 45274-2647	Pan-O-Gold Baking Co 444 E Germain St PO BOX 848 Saint Cloud, MN 56302-0848	
Global Graphics and Design Inc 1625 W Candletree Dr Peoria, IL 61614	McKee Sign Service PO BOX 9899 Saint Paul, MN 55109	Paradigm Tax Group 3200 N Central Ave Suite 300 Phoenix, AZ 85012	
Haas Landscaping LLC 656 36th Ave NE Minneapolis, MN 55401	Mike Scholtes Refrigeration Inc 4219 75th Ave SE Saint Cloud, MN 56304	Paul J. Battista, Esq. Genevese, Joblove & Battista 100 SE 2nd St., Ste 4400 Miami, FL 33131	
Hartford Insurance Property PO BOX 660916 Dallas, TX 75266-0916	Minnesota Dept of Revenue PO BOX 64622 Saint Paul, MN 55164-0622	Plunkett's Pest Control Inc 40 NE 52nd Way Minneapolis, MN 55421	
Horizon Food Service Equipt LLC 1960 Seneca Road Saint Paul, MN 55122	Minnesota Dept of Revenue 600 North Robert Street Saint Paul, MN 55146	Protection One PO BOX 219044 Kansas City, MO 64121-9044	
ICEE 1205 Dupont Ave Ontario, CA 91761	Moe's Lawn and Landscaping 8650 Country Rd 107 Nisswa, MN 56468	Rathbun, Cservenyak & Kozol, LLC 3260 Executive Dr. Joliet, IL 60431	

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Redking Foods LLC
11775 Justen Circle Suite B
Osseo, MN 55369

St. Paul Regional Water Services
Board of Water Commissioners
1900 Rice St
Saint Paul, MN 55113-6810

Reinhart Foodservice
PO Box 58
Rogers, MN 55374-0058

Stephanie Lacey-Pendolino
15715 S. Rte 59
Plainfield, IL 60544

RF Technologies
542 S Prairie
Bethalto, IL 62010

Supreme Lawn and Landscaping
PO BOX 7271
Saint Cloud, MN 56302

Roto-Rooter Services
Diane Drummer
5672 Collections Center Drive
Chicago, IL 60693

Swami Consulting
1509 Lakeland Blvd
Mattoon, IL 61938

Samuel Wisotzkey
Kohner Mann & Kailas, S.C.
4650 North Port Washington Rd.
Milwaukee, WI 53212

TSBL Distributing
Chad Hadn
1475 Commerce Dr Suite 100
Saint Paul, MN 55120

See Clear Window Cleaning
13411 Memorywood Dr
Baxter, MN 56425

Twin City Filter Service Inc
2529 25th Ave S
Minneapolis, MN 55406

Service Master
PO BOX 2805
Baxter, MN 56425

Xcel Energy
PO BOX 9477
Minneapolis, MN 55484-9477

Shamrock Group
2900 5th Avenue South
Minneapolis, MN 55408-5408

Shoes for Crews Inc
PO BOX 504634
Saint Louis, MO 63150-4634

Sicom Systems Inc
4434 Progress Meadow Dr
Doylestown, PA 18902